

Franklin Smoke-Free News

Newsletter funded by a grant from the
Department of Health and Family Services

Fall 2006 Issue #22

Franklin Health Department Announces Winners of Smoke-Free Billboard Contest

The Franklin Health Department completed the eleventh annual Smoke-Free Billboard Contest. This year 250 Franklin seventh grade students submitted artwork. The seventh grade students at Forest Park Middle School were provided up-to-date information about tobacco, secondhand smoke and tobacco advertising. In response, they created artwork. The winners were chosen by a group of community leaders.

Congratulations to these winners:

- 1st Place **Nicole Burdick** "When you Smoke, We All Smoke"
- 2nd Place **Sam Gillingham** "I didn't Order this"
- 3rd Place **Hannah Onderko** "'Give Them Clean Air"
- 4th Place **Stephanie Kirner** "Smoking Effects Everyone"
- 5th Place **Susannah Carson** "Clean Air Starts at Home"

Their artwork will be on billboards in Franklin between November and March.

The Health Consequences of Involuntary Exposure to Tobacco Smoke: US Surgeon General Report



"Today, massive and conclusive scientific evidence documents adverse effects of involuntary smoking on children and adults, including cancer and cardiovascular diseases in adults, and adverse respiratory effects in both children and adults."
Surgeon General Richard Carmona, M.D., M.P.H.

See attached page for the report

Half of US States Require Smoke-Free Restaurants



The trend toward state-wide Smoke-Free laws has been gaining momentum. Currently, **23 states require all restaurants to be Smoke-Free**. In addition, Washington DC, Guam and Puerto Rico require Smoke-Free restaurants.

Twelve of these states require ALL workplaces, including bars and casinos to be Smoke-Free! The states requiring all workplaces to be Smoke-Free are: California, Delaware, New York, Connecticut, Maine, Massachusetts, Rhode Island, Vermont, Washington, Montana Hawaii and Utah. Puerto Rico and Washington DC also require all workplaces to be Smoke-Free.

Even cities and towns in Kentucky, a strong pro-tobacco state, are adopting Smoke-Free laws. The concern is for the health of the citizens.

Wisconsin is not one of the states with a Smoke-Free law. In fact, State legislators are discussing preemption, which may overturn the 29 Smoke-Free ordinances currently in place in Wisconsin.

Information about Smoke-Free legislation is available:



**401 Wisconsin Avenue
Madison, Wisconsin. 53703
Phone 608-268-2620
Fax 608-268-2623
www.smokefreewi.org**

Editorial by Tim Zagat (Zagat Survey)

AMERICANS PREFER RESTAURANTS, BARS, AND CLUBS TO BE SMOKEFREE

Taken from a message 8/13/06 www.smokefree.net

Joseph W. Cherner, President

Smoke-Free Educational Services

Since my wife Nina and I started publishing Zagat Survey guides in 1979, we've found that people often have widely differing points of view -- sometimes even about the same dish at the same restaurant on the same night. There are very few issues of taste about which people of all ages, genders, and geographic regions can agree. That's why it catches our attention when an issue garners the overwhelming support of the public. And it is clear from our surveys that the vast majority of Americans prefer their restaurants, bars, and clubs to be smoke-free.

In the 27 years we've been publishing our surveys, we've come to know the in-depth preferences of consumers when it comes to dining, nightlife, travel and leisure activities. Our local surveys are based on the responses of thousands of people. They are good barometers of public opinion and hospitality industry trends.

We recently surveyed more than 115,000 people for our 2006 America's Top Restaurants guide, and found that **89 percent of all Americans think smoking should be totally banned in restaurants.**

Every time the issue comes up, opponents of smoke-free laws argue that these laws would devastate small businesses. The opposite is true. In three years as the chairman of NYC & Company, the official marketing, promotion and tourism arm of New York City, I watched New York transition into a smoke-free city and witnessed the positive impact the law had on our restaurants and nightlife. Our 2004 survey found that 96 percent of New Yorkers were eating out as much -- or more -- after the law took effect. Moreover, studies showed that business receipts and employment increased for restaurants and bars, the number of liquor licenses increased and virtually all establishments were complying with the law.

But the dollars and cents case only supports the most important incentive for passing a smoke-free law -- the well-documented health benefits.

Personal Story



Shared by Nancy Kreuser,
Health Officer, Wauwatosa

In Fall of 2003 the Wauwatosa Common Council passed a Smoke-Free restaurant ordinance and on July 1, 2006 it went into effect.

The 2003 community survey showed 73% of the adult residents supporting a Smoke-Free restaurant ordinance. In response to the assessment findings, community citizens drafted and presented a Smoke-Free restaurant ordinance to the Council. The purpose of the ordinance was to (1) protect the public health and welfare by prohibiting smoking in restaurants and (2) guarantee the right of nonsmokers to breathe Smoke-Free air, and to recognize that the need to breathe Smoke-Free air shall have priority over the desire to smoke.

I am very proud of the council members and mayor who continue to support the ordinance. They even gave testimony in support of the ordinance when there was an attempt to repeal the ordinance. The community has been supportive as well. A few callers have complained about smoking in restaurants, but it was determined that the restaurants they identified were not in Wauwatosa. There have been no citations issued for violating the ordinance. Feedback has been predominantly positive both from within our community as well as outside of our community.

The Milwaukee Journal Sentinel Editorial Board on June 9 stated, "Three years ago, aldermen in Wauwatosa did the right thing and approved a ban on smoking in restaurants in that city effective this July. The fact is that in city after city where smoking has been banned, restaurants and bars are not closing their doors, since most people don't smoke anyway, they actually welcome the bans."

**Your comments and ideas
are always welcome.**

**Kathy Hahn, RN
Franklin Health Department
425-9101**





**The Health Consequences of Involuntary Exposure to Tobacco Smoke:
A Report of the Surgeon General, US Department of Health and Human Services**
(Summary / Six major conclusions)

Smoking is the single greatest avoidable cause of disease and death. In this report, *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*, the Surgeon General has concluded that:

1. Many millions of Americans, both children and adults, are still exposed to secondhand smoke in their homes and workplaces despite substantial progress in tobacco control.
Supporting Evidence
 - Levels of chemical called cotinine, a biomarker of secondhand smoke exposure, fell by 70 percent from 1988-91 to 2001-02. In national surveys, however, 43 percent of US nonsmokers still have detectable levels of cotinine.
 - Almost 60 percent of US children aged 3-11 years – or almost 22 million children – are exposed to secondhand smoke.
 - Approximately 30 percent of indoor workers in the United States are not covered by smoke-free workplace policies.
2. Secondhand smoke exposure causes disease and premature death in children and adults who do not smoke.
Supporting Evidence
 - Secondhand smoke contains hundred of chemicals known to be toxic or carcinogenic (cancer-causing), including formaldehyde, benzene, vinyl chloride, arsenic, ammonia and hydrogen cyanide.
 - Secondhand smoke has been designated as a known human carcinogen (cancer causing agent) by the US Environmental Protection Agency, National Toxicology Program and the International Agency for Research on Cancer. The National Institute of Occupational Safety and Health has concluded that secondhand smoke is an occupational carcinogen.
3. Children exposed to secondhand smoke are at an increased risk for sudden infant death syndrome (SIDS), acute respiratory infections, ear problems, and more severe asthma. Smoking by parents causes respiratory symptoms and slows lung growth in their children.
Supporting Evidence
 - Children who are exposed to secondhand smoke are inhaling many of the same cancer-causing substances and poisons as smokers. Because their bodies are developing, infants and young children are especially vulnerable to the poisons in secondhand smoke.
 - Both babies whose mothers smoke while pregnant and babies who are exposed to secondhand smoke after birth are more likely to die from SIDS than babies who are not exposed to cigarette smoke.
 - Babies whose mothers smoke while pregnant or who are exposed to secondhand smoke after birth have weaker lungs than unexposed babies, which increases the risk for many health problems.
 - Among infants and children, secondhand smoke cause bronchitis and pneumonia, and increases the risk of ear infections.
 - Secondhand smoke exposure can cause children who already have asthma to experience more frequent and severe attacks.
4. Exposure of adults to secondhand smoke has immediate adverse effects on the cardiovascular system and causes coronary heart disease and lung cancer.
Supporting Evidence
 - Concentrations of many cancer-causing and toxic chemicals are higher in secondhand smoke than in the smoke inhaled by smokers.
 - Breathing secondhand smoke for even a short time can have immediate adverse effects on the cardiovascular system and interferes with the normal functioning of the heart, blood, and vascular systems in ways that increase the risk of a heart attack.
 - Nonsmokers who are exposed to secondhand smoke at home or at work increase their risk of developing heart disease by 25-30 percent.
 - Nonsmokers who are exposed to secondhand smoke at home or at work increase their risk of developing lung cancer by 20-30 percent.

5. The scientific evidence indicates that there is no risk-free level of exposure to secondhand smoke.

Supporting Evidence

- Short exposure to secondhand smoke can cause blood platelets to become stickier, damage the lining of blood vessels, decrease coronary flow velocity reserves, and reduce heart rate variability, potentially increasing the risk of a heart attack.
- Secondhand smoke contains many chemicals that can quickly irritate and damage the lining of the airways. Even brief exposure contains many chemicals that can quickly irritate and damage the lining of the airways. Even brief exposure can result in upper airway changes in healthy persons and can lead to more frequent and more asthma attacks in children who already have asthma.

6. Eliminating smoking in indoor spaces fully protects nonsmokers from exposure to secondhand smoke. Separating smokers from nonsmokers, cleaning the air, and ventilating buildings cannot eliminate exposures of nonsmokers to secondhand smoke.

Supporting Evidence

- Conventional air cleaning systems can remove large particles, but not the smaller particles or the gases found in secondhand smoke.
- Routine operation of a heating, ventilating, and air conditioning system can distribute secondhand smoke throughout a building.
- The American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE), the preeminent US body on ventilation issues, has concluded that ventilation technology cannot be relied on to control health risks from secondhand smoke exposure.

The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General was prepared by the Office on Smoking and Health, National Center of Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention (CDC). The Report was written by 22 national experts who were selected as primary authors. The Report chapters were reviewed by 40 peer reviewers, and the entire Report was reviewed by 30 independent scientists and by lead scientists within the Centers for Disease Control and Prevention and the Department of Health and Human Services. Throughout the review process, the Report was revised to address reviewers' comments.

Citation

US Department of Health and Human Services. *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006.

The complete report and related materials regarding *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General* are available on the Surgeon General's Web site at www.surgeongeneral.gov/library/secondhandsmoke/.